

Issue Briefs:

Massachusetts

Behavioral Health Analysis

Long Term, Home and Community-based Services and Supports for Behavioral Health Consumers

Massachusetts' Community First Olmstead Plan reflects Massachusetts' on-going commitment to ensuring that people with disabilities and elders have access to community-living opportunities and supports that address each individual's diverse needs, abilities and backgrounds. Massachusetts supports the integration of a full array of home and community-based services (HCBS) for people with behavioral health conditions. The goal of Massachusetts' Community First initiative is to help health and human service consumers of all ages and levels of ability to live with dignity and independence in the community setting of their choice. HCBS services are funded as an alternative to institutional settings by Medicaid through a number of waiver and state plan options. Massachusetts' behavioral health system currently includes an array of home and community-based services that are primarily supported by state agency and MassHealth (Medicaid) funds.

The Massachusetts behavioral health system provides several cost-effective, evidence-based behavioral health interventions demonstrated to assist mental health consumers with recovery, to improve quality of life in a community setting, and to prevent repeat hospitalizations.^{1,2,3} Peer support,⁴ assertive community treatment,⁵ targeted case management⁶, supported employment⁷ CBFS and Medicaid support through rehab option are important cornerstones for a home and community-based behavioral health system, and DMH funds these types of services for DMH clients with serious and disabling mental illness. The Bureau of Substance Abuse Services (BSAS) supports the Family Recovery Project facilitating comprehensive home-based services for families struggling with substance abuse and who are involved with the Department of Children and Families in two regions of the state.

A variety of other home and community-based services serve people who may have behavioral health conditions as well as physical health issues. State plan HCBS includes programs such as adult day health and day habilitation, and services including clinic services, therapeutic behavioral supports, and family and peer support. Most of these services have been oriented to people with a primary diagnosis of a mental or substance use disorder; however, Day Habilitation is for individuals with a diagnosis of Intellectual Disability. MassHealth also provides HCBS through its managed care programs that also offer behavioral health care integration: For adults age 21-64 through its OneCare Demonstration Project; for adults over age 55 through its Program of All-Inclusive Care for the Elderly (PACE), and/or for

¹ Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, 16 (4), 11.

² Weisbrod, B. A., Test, M. A., & Stein, L. I. (1980). Alternative to mental hospital treatment: II. economic benefit-cost analysis. *Archives of General Psychiatry*, 37 (4), 400.

³ Drake, R. E., et al. (2001). Implementing evidence-based practices in routine mental health service settings. *Psychiatric Services*, 52 (2), 179-182.

⁴ Solomon, P. (2004). Op. Cit.

⁵ Teague, G. B., Bond, G. R., & Drake, R. E. (1998). Program fidelity in assertive community treatment. *American Journal of Orthopsychiatry*, 68 (2), 216-233.

⁶ Mueser, K.T., et al. (1998). Models of community care for severe mental illness. *Schizophrenia Bulletin*, 24 (1), 37-74.

⁷ Bond, G. R., Becker, D. R., Drake, R. E., et al. (2001). Implementing supported employment as an evidenced-based practice. *Psychiatric Services*, 52, 313-322.

adults age 65 and over through its Senior Care Options (SCO) Program. There is increasing recognition of the behavioral needs of a much wider range of people who may also receive services such as occupational therapy, personal care attendants, and home health aides. Many of these other HCBS services are focused on restoring self-care skills needed for activities of daily living (ADL); they are often supplemented by supports like home modification and assistive technology.

Existing HCBS providers can indirectly contribute to the treatment of mental illness and substance use disorders by supporting adherence to medication regimens, nutrition, personal hygiene, and management of appointments. Providers of these services could potentially benefit from training to recognize and screen for behavioral health disorders, make referrals, and understand how to effectively communicate with people who may be suffering from a behavioral health condition. HCBS providers are in a unique position to identify and address behavioral health concerns before a full blown crisis ensues, and to assess living environment, social supports and other circumstances that affect consumers' ability to succeed in the community. HCBS providers could also potentially provide additional support around coordinating access to treatment, and providing psychosocial supports and coaching services. In the Frail Elder Waiver (HCBS) MA Health includes a service " Supportive Home Care Aide", which is a home health aide with specialized training in behavioral health management or Alzheimer's/dementia. The MFP-residential (Money Follows the Person) supports and MFP-community-living waivers operate concurrently with a managed behavioral health component, i.e., participants in these two waivers are enrolled in MBHP which manages their behavioral health services.

Training for HCBS providers can help them to recognize and be as responsive as possible to the needs of people with behavioral health concerns. These are important long-term goals to ensure that people with behavioral health conditions are supported in the community whenever possible.